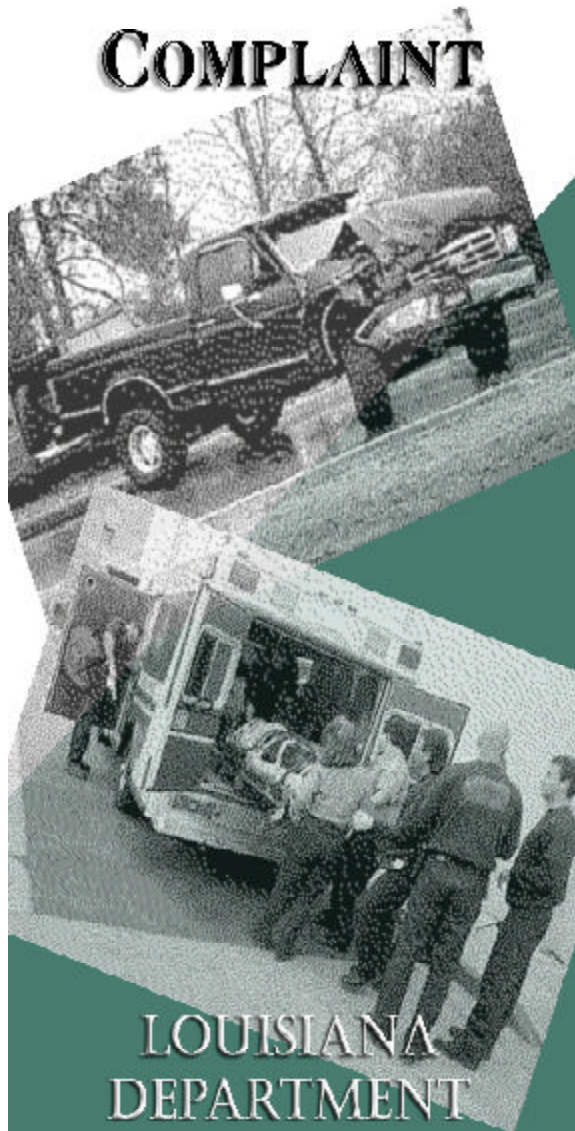


# HOW TO FILE AN INSURANCE COMPLAINT



LOUISIANA  
DEPARTMENT  
OF INSURANCE  
J. ROBERT WOOLEY  
COMMISSIONER



Dear Consumer,

The Department of Insurance receives an average of 4,674 insurance-related complaints every year. That means we help thousands of

Louisiana residents get the insurance payments and other benefits and services due them each year. Our numbers have been increasing in the last few years as more people realize we are serious about helping them solve their insurance problems.

We hope this brochure will make filing an insurance complaint easier for you. It gives a step-by-step explanation of how you can get a complaint form, how to file a complaint and what help you can expect from us once you've filed your complaint.

Helping you negotiate your insurance disputes is one of the most important services we provide. I hope the tips we have included here give you the help you need if you are thinking of filing an insurance complaint.

J. Robert Wooley  
Commissioner

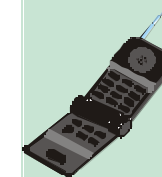
## What the Department of Insurance Can Do for You:

- Protect you by enforcing Louisiana's insurance laws
- Provide you with consumer information
- Help you with insurance complaints involving...

- Sales/ Policyholder Services;
- Premium Rates/ Refunds;
- Cancellation/ Non-Renewals;
- Claim Delays/ Denials/ Unsatisfactory Settlement;
- Other Insurance-Related Disputes

...for all types of insurance, including:

- |                            |            |
|----------------------------|------------|
| • Life                     | • Health   |
| • Disability               | • Auto     |
| • Workers' Comp            | • Annuity  |
| • Medicare Supplement      | • Credit   |
| • Fire/Homeowners          | • Business |
| • Other Insurance Problems |            |



*If you did not receive a copy of the complaint form with this brochure, you may obtain a copy by calling the*

*Department's Consumer Hotline at 1-800-259-5300 or (225)342-5900 or by downloading a copy from the Department's web site located at <http://www.lidi.la.gov>*

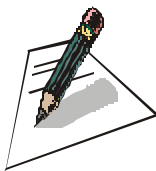
## What details should you include on your complaint form?

### Section I

- Your name, address and daytime telephone number
- The insured person's name
- The name of the claimant, if different from the insured

### Section II

- The type of coverage involved
- The name of the employer, if group coverage is involved
- The full name & address of the insurance company or producer (agent) your complaint is against
- Your policy number, group number and/or claim number
- If your complaint is against another person's insurance company, that person's name and policy number, as well as your claim number
- The date on which the claim or loss was incurred



### Section III

- The reasons for your complaint
- A description of the problem:
  - ♦ *what happened, who was involved, and why you think the company/producer (agent) is wrong*
  - ♦ *how you have tried to resolve the problem*
  - ♦ *what you consider to be a fair resolution to your problem*

## What should you send with your complaint form?

### Copies, not originals, of...

- Letters you have written to the company or producer (agent) dealing with the problem
- Letters you have received from the company or producer (agent)
- Other letters about the problem, such as those from your doctor or lawyer
- Your policy or the excerpt from your benefits handbook that covers the situation
- Relevant sales literature or worksheets
- Your insurance i.d. card (copied front and back), if possible
- The claim you filed, if applicable



We must be able to read and photocopy what you provide, so  
**PLEASE TYPE OR WRITE LEGIBLY USING BLACK OR BLUE INK.**

## What happens after the Department receives your complaint?

- Within two weeks of filing, you should receive an acknowledgement letter stating:
  - ♦ *your file number*
  - ♦ *the name of the compliance examiner in charge of investigating your complaint*
- The Department will send a copy of your complaint to the company or other appropriate party and ask for an explanation of their position.
- Your examiner will review all responses received to assure the problem has been properly addressed. This may result in more letters or phone calls between the examiner and the company or other parties.
- Your examiner will send you a letter with the investigation results:
  - ♦ *if no evidence of a violation is found, the examiner will so advise and explain why the investigation is being closed*
  - ♦ *if your examiner is not satisfied with the company's response, the investigation will continue*
  - ♦ *if we feel the law has been violated, the Department will pursue administrative action to correct and punish the wrongdoing*

## How will you know how the investigation is going?

- An investigation usually takes about 60 days, depending on the complexity of the case
- You will be provided periodic status reports to keep you informed, so you should not need to call
- If you have any new information, send it to your examiner, and include your file number

### **Please Be Aware, the Department of Insurance Cannot:**

- Give you legal advice, act as your lawyer or interfere in a pending lawsuit
- Recommend one insurance company or producer (agent) over another
- Decide disputes based on who is negligent or at fault
- Decide disputes of medical fact or opinion
- Determine the facts surrounding a claim (that is who might be telling the truth in a matter when accounts of that matter differ)
- Resolve a complaint if the **only** evidence is your word against the word of others

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